



**STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION**

Davy Crockett Tower
500 James Robertson Parkway, 3rd Floor
Nashville, TN 37243
615-741-1602

4420 Whittle Springs Road
Knoxville, TN 37917
865-594-6342

One Commerce Square
40 South Main Street
4th Floor, Suite 415
Memphis, TN 38103
901-543-7284

540 McCallie Avenue, Suite 341
Chattanooga, TN 37402-2055
423-634-6434



LBD INSPECTION REQUEST

Type: ☐ New ☐ Change of Ownership ☐ Expansion

Sub-Category: _____ (i.e. Wine Only, Limited Service, Hotel, Catering)

In order to receive an inspection in a timely manner, all blanks must be completed accurately.

Name of business: _____

Inspection Contact Name: _____; Email Address: _____

Best Contact Number(s): _____

Address: _____

Date Requested: ____/____/____ Management Agreement on file? ☐ Yes, ☐ No, ☐ N/A

☐ Is kitchen equipment operational _____? What kitchen equipment is present? _____

☐ # of Cooks Employed (TBD if no one is hired) _____

☐ # of TABC Servers/Bartenders Employed (TBD if no one is hired) _____

☐ Number of Seats at Tables _____ ☐ Total Number of Seats (including outside*) _____

(Seats at tables = inside seats with eating surface greater than 12 inches)

(Total number of seats = seats at tables + outside seats + seats with no eating surface or eating surface less than 12 inches) ***Outside seating fully enclosed prior to inspection?** ☐ Yes, ☐ No, ☐ N/A

☐ Maximum Occupancy _____ ☐ Health Inspection Grade _____ Date _____

Is this business located within an area that allows for the sale of alcoholic beverages? _____

Is all construction work completed and is the establishment ready to open for business? _____

(Catering Only)

Does this business have the following: Permanent catering hall _____/Adequate Commercial Kitchen Facility _____/Licensed by Dept. of Health as caterer _____?

(Hotel Only)

Number of Sleeping Rooms: _____

Manager/Owner Name: _____

All information provided to the TABC is subject to verification. By signing below, you agree that all information provided is true and correct. If any information listed above is determined to be inaccurate or false, the issuance of a TABC license could be delayed and/or DENIED.

Signature: _____ Date: _____

TABC USE ONLY BELOW

Assigned to TABC Special Agent: _____

Inspection Notes